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Bib Data Sheet

CONFIRMATION NO. 7329

| SERIAL NUMBER | FILING OR 371(c)<br>DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 10/829,620    | 04/22/2004               | 356   | 2877           |                        |
| RULE          |                          |       |                |                        |

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

I.A.  
None

This application is a CIP of 10/034,800 12/28/2001 PAT 6,822,738 which is a CIP of 09/945,962 09/04/2001 PAT 7,075,649  
and is a CIP of 09/496,011 02/01/2000 PAT 6,353,477  
which is a CIP of 09/246,888 02/08/1999 PAT 6,084,675  
which is a CIP of 08/912,211 08/15/1997 PAT 5,872,630  
which is a CIP of 08/530,892 09/20/1995 PAT 5,666,201  
and is a CIP of 08/618,820 03/20/1996 PAT 5,706,212  
and said 09/496,011 02/01/2000  
is a CIP of 09/225,118 01/04/1999 PAT 6,084,674  
This application 10/829,620  
claims benefit of 60/527,554 12/06/2003  
and claims benefit of 60/527,638 12/08/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

I.A.  
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/28/2004

\*\* SMALL ENTITY \*\*

|                                 |  |                     |                   |                 |                       |
|---------------------------------|--|---------------------|-------------------|-----------------|-----------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY | SHEETS<br>DRAWING | TOTAL<br>CLAIMS | INDEPENDENT<br>CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | NE                  | 13                | 15              | 4                     |
| Verified and Acknowledged       | Examiner's Signature <u>[Signature]</u> Initials <u>I.A.</u>   |                     |                   |                 |                       |

## ADDRESS

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## TITLE

Rotating or rotatable compensator spectroscopic ellipsometer system including multiple element lenses

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|-------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>428 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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